



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT JENNINGS HOSPITAL

City of Hospital: North Vernon

Year Begin: 07/01/2012 (mm/dd/yyyy format)

Year End: 06/30/2013 (mm/dd/yyyy format)

Person Completing the  
Report: Cindy Byford

Email Address: cbyford@stvincent.org

Medicare Provider Number: 151303

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$5255732
Outpatient Patient Service Revenue	\$49794998
Total Gross Patient Service Revenue	\$55050730

2. Deductions From Revenue

Contractual Allowance	\$29768430
Other Deductions	\$5466061
Total Deductions	\$35234491

3. Total Operating Revenue

Net Patient Service Revenue	\$19816239
Other Operating Revenue	\$557277
Total Operating Revenue	\$20373516

4. Operating Expenses

Salaries and Wages	\$5932036	Employee Benefits	\$1838943
Depreciation and Amortization	\$486729	Interest Expense	\$374402
Bad Debt	\$2557370	Other Expenses	\$8067726
Total Operating Expenses	\$19257206		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1116310	Total Assets	\$19203233
Net Non-operating Gains over Loss	\$215560	Total Liabilities	\$19203233
Total Net Gains	\$1331870		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$20704859	\$14087570	\$6617289
Medicaid	\$11503599	\$9582645	\$1920954
Other Government	\$1289905	\$853260	\$436645
Other State	\$0	\$0	\$0
Other Payers	\$21552367	\$10711016	\$10841351
Total	\$55050730	\$35234491	\$19816239

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0

Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6373375	
HCI Payments	\$0		
Subtotal	\$0	\$6373375	\$-6373375
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$-56882	
Other Government Programs	\$0	\$0	
Total	\$0	\$-56882	\$56882

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$2018577	\$-2018577
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

